



# Medical Certificate For Premarital Examination

*To be valid, application for marriage license must be made within 30 days  
after date of blood test as shown below.*

This is to certify that a report was received from \_\_\_\_\_,  
*Name of Approved Laboratory*

\_\_\_\_\_ of the result of a serological test for syphilis performed on

*Address*

\_\_\_\_\_, as required by Section 93-1-5, Mississippi Code of 1972 on a specimen of blood submitted in the  
*Date*

name of \_\_\_\_\_,  
*Name of Applicant* *Address*

I further certify that I, a duly licensed physician or nurse practitioner of the State of Mississippi, have examined the report  
and, as nearly as can be determined, the applicant's health is such as to comply with the intent of the law.

\_\_\_\_\_  
*Signature of Physician or Nurse Practitioner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

Date of { Application \_\_\_\_\_  
Issue \_\_\_\_\_  
County \_\_\_\_\_

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\_\_\_\_\_  
*Signature of Circuit Clerk*

Mississippi State Department of Health

Revised 6-18-98

Form No. 163



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\_\_\_\_\_ of the result of a serological test for syphilis performed on

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*Name of Applicant* *Address*

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and, as nearly as can be determined, the applicant's health is such as to comply with the intent of the law.

\_\_\_\_\_  
*Signature of Physician or Nurse Practitioner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

Date of { Application \_\_\_\_\_  
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